

June 14, 1997

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Center: Patient Initials:   
Rand Number: Form completed by: 

1. Visit: ☐ 00 Pre-randomization ☐ 18 18 month ☐ 30 30 month

**O\_VISIT**

2. How long did it usually take for you to **fall asleep** during the **past 4 weeks**? ☐ 1 0-15 minutes ☐ 3 16-30 minutes  
☐ 5 31-45 minutes ☐ 7 46-60 minutes  
☐ 9 more than 60 minutes

deleted

3. On the average, how many hours did you sleep **each night** during the **past 4 weeks**: deleted

  HoursHow often during the **past 4 weeks** did you ...

(check one on each line)

	All of the time	Most of the time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
4. Feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Get enough sleep to feel rested upon waking in the morning? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Awaken short of breath or with a headache? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. Feel drowsy or sleepy during the day? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. Have trouble falling asleep? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

How often during **the past 4 weeks** did you ...

(check one on each line)

	All of the time	Most of the time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
9. Awake during your sleep time and have trouble falling asleep again? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. Have trouble staying awake during the day? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. Snore in your sleep? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. Take naps (5 minutes or longer) during the day? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. Get the amount of sleep you needed? deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Summary scales:

<i>Variable Name</i>	<i>Description</i>
SLP6	6 item score
SLP9	9 item score
SLPA	Sleep adequacy scale
SLPD	Sleep disturbance scale
SLPS	Somnolence scale
SLPSN	Snoring scale
SLPSOB	Shortness of breath scale

For information on how this summary scale was computed see the following reference.

Hays, R.D., & Stewart, A.L. (1992). Sleep measures. In A.L. Stewart & J.E. Ware (eds.), *Measuring functioning and well-being: The Medical Outcomes Study approach* (pp. 235-259), Durham, NC: Duke University Press.